ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

W-02486A Jackson Spring Estates Home and Property Owners Association 6139 E. Hermosa Vista Dr. Mesa, AZ 85215



ACC UTILITIES DIRECTOR

ANNUAL REPORT Water

FOR YEAR ENDING

12 31 2009

FOR COMMISSION USE

ANN 04 09

4-14-10

COMPANY INFORMATION

Company Name (Busin	ess Name) 5 A	CKSON SP	RING ESTA	ITES H	ome and
Mailing Address 6139					
(Stre	et)				F363 : 6
(Stre MES, (City)	4	(S	4Z tate)		(Zip)
		(3			
	196-2718				540 1683
Telephone No. (Include Area Cod		Fax No. (Include	,	Cell No.	(Include Area Code)
Email Address	coer O Ne	trcape	. com		
Local Office Mailing Add	ress(Street	SAME	AS ABOV	<u>E</u>	
(City)		(S	tate)		(Zip)
Local Office Telephone No. (Inclu	ide Area Code)	Fax No. (Include	Area Code)	Cell No.	(Include Area Code)
Email Address					
				· · · · · · · · · · · · · · · · · · ·	
	MANAG	EMENT IN	FORMATIO	<u>N</u>	
☐ Regulatory Contact: ☐ Management Contact:	WILLIAM	H Jö	HNSTON		FRESIDENT
Management Contact:		(Name)	•		(Title)
					85920-0472 (Zip)
(Street)		(City)		(State)	(Zip)
928-33	7-4047		-	602-	908-0193
Telephone No. (Include Area C	ode)	Fax No. (Include	: Area Code)	Cell No. (Include Area Code)
Email Address billi	nda @ Joi	hastonce	ntral.c	OM	
On Site Manager:	SAME A	(Name)	E		
(Street)		(City)	, , , , , , , , , , , , , , , , , , , ,	(State)	(Zip)
Telephone No. (Include Area C Email Address	ode)	Fax No. (Includ	*	Cell No. (Include Area Code)

Statutory Agent:	WILLIAM H. JOHNSTON			
	(Name)			
(Street)	P. O. BOX 472 ALPIN	(State) (Zip)		
(Birect)				
Telephone No. (Include Area	a Code) Fax No. (Include Area Code	Cell No. (Include Area Code)		
Attown				
Attorney:	(Name)			
		•		
(Street)	(City)	(State) (Zip)		
Telephone No. (Include Area	a Code) Fax No. (Include Area Code)	Cell No. (Include Area Code)		
Email Address				
	OWNERSHIP INFORMATIO	<u> </u>		
Check the following box the	nat applies to your company:			
Sole Proprietor (S)	C Corporation (C	C) (Other than Association/Co-op)		
Partnership (P)	Partnership (P) Subchapter S Corporation (Z)			
Bankruptcy (B)	Association/Co-o	p (A)		
Receivership (R)	Limited Liability	Company		
Other (Describe)_	HOMEOWNERS ASSOCIATION	√		
	COUNTIES SERVED			
Check the box below for the	ne county/ies in which you are certificated to pr	ovide service:		
🖄 АРАСНЕ	☐ COCHISE			
GILA	☐ GRAHAM	☐ GREENLEE		
☐ LA PAZ	☐ MARICOPA	☐ MOHAVE		
☐ NAVAJO	☐ PIMA	☐ PINAL		
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUMA		
☐ STATEWIDE				

UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	O.C.L.D.
No.	DESCRIPTION	Cost (OC)	Depreciation (AD)	(OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights	4 000		
304	Structures and Improvements	16 450	19741	(3291)
307	Wells and Springs	3 900	4680	(780)
311	Pumping Equipment	25 000	30 cm	(5 000)
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	81000	97200	(6200)
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
,,	TOTALS	130 350	15/621	25272

This amount goes on the Balance Sheet Acct. No. 108

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights	4 000		
304	Structures and Improvements	16 450	570	823
307	Wells and Springs	3900	570	195
311	Pumping Equipment	25 000	570	1250
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	81 000	5%	4050
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	130 350		6318

This amount goes on the Comparative Statement of Income and Expense ___ Acct. No. 403.

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
	ASSETS	YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 19 464	\$ 21867
134	Working Funds	Ψ [] 767	Ψ 21 <u>6 G</u> 1
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 19464	6 2 6 1
		\$ 19464	\$ 21 867
	FIXED ASSETS		
101	Utility Plant in Service	\$ 126 350	\$ 126 300
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	145 303	151 621
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility	(18 953)	125271)
	TOTAL FIXED ASSETS	\$	\$
			
	TOTAL ASSETS	\$ 511	\$ (3404)

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF	BALANCE AT END OF	
	LIABILITIES	YEAR	YEAR	
	CURRENT LIABILITES			
231	Accounts Payable	\$	\$	
232	Notes Payable (Current Portion)	Ψ	-	
234	Notes/Accounts Payable to Associated Companies			
235	Customer Deposits			
236	Accrued Taxes			
237	Accrued Interest			
241	Miscellaneous Current and Accrued Liabilities			
	TOTAL CURRENT LIABILITIES	\$ 0	\$ 0	
	LONG-TERM DEBT (Over 12 Months)			
224	Long-Term Notes and Bonds	\$ 0	\$ 0	
227	Long-Term Potes and Donds	<u> </u>	-	
	DEFERRED CREDITS			
251	Unamortized Premium on Debt	\$	\$	
252	Advances in Aid of Construction			
255	Accumulated Deferred Investment Tax Credits			
271	Contributions in Aid of Construction			
272	Less: Amortization of Contributions			
281	Accumulated Deferred Income Tax			
	TOTAL DEFERRED CREDITS	\$ 0	\$ 0	
	TOTAL LIABILITIES	\$	\$	
	CAPITAL ACCOUNTS			
201	Common Stock Issued	\$	\$	
211	Paid in Capital in Excess of Par Value			
215	Retained Earnings			
218	Proprietary Capital (Sole Props and Partnerships)			
	TOTAL CAPITAL	\$ 0	\$ 0	
	TOTAL LIABILITIES AND CAPITAL	\$ O	s 0	

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Aect. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 0	\$ 0,
460	Unmetered Water Revenue	4100	4100
474	Other Water Revenues		
	TOTAL REVENUES	\$ 4100	\$ 4100
	OPERATING EXPENSES		
601	Salaries and Wages	\$	\$
610	Purchased Water		
615	Purchased Power	1555	500
618	Chemicals		
620	Repairs and Maintenance	4085	105
621	Office Supplies and Expense	23	26
630	Outside Services		
635	Water Testing	112	128
641	Rents		
650	Transportation Expenses		
657	Insurance – General Liability	948	928
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense	215	210
403	Depreciation Expense	215	4318
408	Taxes Other Than Income	248	236
408.11	Property Taxes	261	0
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ 13 765	\$ 8451
	OPERATING INCOME/(LOSS)	\$	\$
· · · · · · · · · · · · · · · · · · ·	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income	22.9	500
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$ 550	\$ 500
	NET INCOME/(LOSS)	\$ (9115)	\$ (381)

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate		% %	9/0	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End	\$ 0	
Meter Deposits Refunded During the Test Year	\$ Ò	

COMPANY NAME JACKSON	SPRING GSTATES	HOME AND	PROPERTY	OUNTRE	ALLN.
Name of System:	ADEQ Pul	blic Water Syst	em Number:		

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
040105	1/2	25	6			
				(* * * * * * * * * * * * * * * * * * *		

^{*} Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
1/14		
/ / /		

BOOSTER PUN	BOOSTER PUMPS		DRANTS
Horsepower	Quantity	Quantity Standard	Quantity Other
	2		
			, A

STORAGE TANK	S	PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
15 and GAL.	1		

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME JACKSON	STRING ESTATES	Home	AND	PROPERTY	OUNTRY	ASSN,
Name of System:	ADEQ Public V	Vater Sy	stem l	Number:		

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

in feet)
2000
2500

Size (in inches)	Quantity
5/8 X ³ / ₄	
3/4	
1	
1 1/2	
2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Comp. 3	1011
Turbo 3	11/10/14
Comp. 4	1 0
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

ELECTRIC METERING PUMP

10 GAL. TANK COVER

STRUCTURES:

FRAME PUMP HOUSE 24'C" X 34'C"

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: JACKSON	SPRING ESTATES HOME AND PROPERTY OWNERS ASSN.	
Name of System:	ADEQ Public Water System Number:	

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2009

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	14			
FEBRUARY	14			
MARCH	14			
APRIL	14			
MAY	14	, (N I
JUNE	14	1117		
JULY	14	171		•
AUGUST	14			
SEPTEMBER	14			
OCTOBER	14			
NOVEMBER	14			
DECEMBER	14			
	$TOTALS \rightarrow$		39.5	

What is the level of arsenic	for each well on your system?	mg/1
(If more than one well, please lis	st each separately.) TESTING NO LIMITED	T REQUIRED DUE TO LUSTONERS
If system has fire hydrants,	what is the fire flow requirement	?GPM forhrs
If system has chlorination to (X) Yes (reatment, does this treatment syst) No	em chlorinate continuously?
() Yes (, ,	
Does the Company have an () Yes (ADWR Gallons Per Capita Per l X) No	Day (GPCPD) requirement?
If yes, provide the GPCPD	amount:	

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: JACKTON	SPRING ESTATES	HOME	AND	PROPERTY	ow news	Mrn.
Name of System:	ADEQ Pu	ıblic Wa	ter Sy	stem Numbe	er:	

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			
FEBRUARY			
MARCH		. ^	
APRIL	χ.		
MAY			
JUNE			
JULY		V I	
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			777
DECEMBER			
TOTALS>			

OTHER (description):				
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COMPANY NAME JACKSON SPRING ESTATES HOME YEAR ENDING 12/31/2009 AND PROPERTY OWNERS ASSOCIATION

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2009 was: \$
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.
If no property taxes paid, explain why. A tay notice was not
received due to a change of allies the woo
not processed. I neglected to follow up in a
not processed. I neglected to follow up in a timely manner. Torse were part on Mouch 15 2010
in the amount of \$244.70
•

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VERIFICATION AND **Taxes**

SWORN STATEMENT

VERIFICATION

STATE OF ARIZONA I, THE UNDERSIGNED

OF THE

	ACC UTTIL
COUNTY OF (COUNTY NAME) AFACHE	CC UTILITIES DIRECTO
NEVA M. COESTER	SECY (TREAS
COMPANY NAME JACIESON SPRING ESTAT PROPERTY OWNERS ASS	TET HOME AND

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

> eva M. Coeste SIGNATURE OF OWNER OR OFFICIAL 396 2718 TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS STEFFANI SHERRILL ARY PUBLIC - State of Arizona
AMARICOPA COUNTY My Comm. Expires Aug., 19, 2011 MY COMMISSION EXPIRES

.20 10

15

COMPANY NAME JACKSON SPRING ESTATES HOME AND YEAR ENDING 12/31/2009 PROPERTY OWNERS ASSOCIATION

INCOME TAXES

For this reporting period, provide the follo	wing:	
Federal Taxable Income Reported	0	
Estimated or Actual Federal Tax Liability	Ò	
State Taxable Income Reported	O	
Estimated or Actual State Tax Liability	O	
Amount of Grossed-Up Contributions/Adv	/ances:	
Amount of Contributions/Advances		
Amount of Gross-Up Tax Collected	<u> </u>	
Total Grossed-Up Contributions/Advances		
of the tax year when tax returns are company Payer or if any gross-up tax refunds I name and amount of contribution/advance each Payer, and the date the Utility expect CERTIFICATION	have already been made, attach the, the amount of gross-up tax coll	ne following information by Payer: ected, the amount of refund due to
The undersigned hereby certifies that the Uprior year's annual report. This certificat corporation; the managing general partners company or the sole proprietor, if a sole proprietor, if a sole proprietor.	ion is to be signed by the Preside er, if a partnership; the managi	ent or Chief Executive Officer, if a
SIGNATURE	DATE	·
PRINTED NAME	TITLE	

VERIFICATION AND SWORN STATEMENT

Intrastate Revenues Only

VERIFICA	TION
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STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) APACHE

NAME (OWNER OR OFFICIAL) TITLE

NOVA M. COUTER

VA M. COUSTER SECT. TREAT.
COMPANY NAME TACKSON SPRING ESTATES HOME AND

ACC UTILITIES DIRECTOR

PROPERTY OWNERS ASSOCIATION

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY 2009 12 31

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS. PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE **UTILITY OPERATIONS DURING CALENDAR YEAR 2009 WAS:**

Arizona Intrastate Gross Operating Revenues Only (\$)

4099.76

(THE AMOUNT IN BOX ABOVE

2 35. 76 INCLUDES \$

IN SALES TAXES BILLED, OR COLLECTED)

**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF OFFICIAL SEAL STEFFANI SHERRILL NOTARY PUBLIC - State of Arizona MARICOPA COUNTY My Comm. Expires Aug. 19, 2011

MY COMMISSION EXPIRES

NATURE OF OWNER OR OFFICIAL 180 マタム TELEPHONE NUMBER

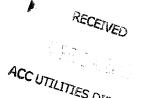
Managa

MONTH

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VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE

Intrastate Revenues Only



VERIFICATION

		- CIRECTOR
STATE OF ARIZONA	COUNTY OF (COUNTY NAME) APACHE	
I, THE UNDERSIGNED		TITLE SECT. TREAT
OF THE	COMPANY NAME JACKSON SPRING ESTATES HOME AND	PROPERTY OWNERS ASSN.

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING 12

MONTH DAY YEAR 12 31 2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE UTILITY OPERATIONS</u> RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2009 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES \$ \(\forall 99.76 \)	THE AMOUNT IN BOX AT LEFT INCLUDES \$ 200.76 IN SALES TAXES BILLED, OR COLLECTED)
*RESIDENTIAL REVENUE REPORTED ON THIS MUST INCLUDE SALES TAXES BILLED.	PAGE SIGNATURE OF OWNER OR OFFICIAL
	480 796 2718 TELEPHONE NUMBER
SUBSCRIBED AND SWORN TO BEFOR	RE ME NOTARY PUBLIC NAMES (TAME Shum ()
A NOTARY PUBLIC IN AND FOR THE	COUNTY OF COUNTY NAME MUM (OPA)
THIS \\2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YOF MONTH APPYL ,2010
(SEAL) MY COMMISSION EXPIRES	SIGNATURE SENITARY PUBLIC